

Mission's Chairman _____

Study Chairman _____

Prayer Chairman _____

Service Chairman _____

Field Worker _____

Other _____

Next Meeting: Date _____ **Location** _____

Delegates to State (*or WNAC) Convention (Names & Addresses)
(Number required by Organization)

Suggested Resolutions or Requests: _____

Include list of local groups' officers with names & addresses. If unable to list all officers, give the president's name, address, email & phone number.

***Districts without state conventions report directly to WNAC.**